



Certified Mail #7008 1830 0000 5112 3438  
Return Receipt Requested

**ENVIRONMENTAL ASSISTANCE CENTER**  
**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION**  
2305 SILVERDALE ROAD  
JOHNSON CITY, TENNESSEE 37601-2162  
(423) 854-5400 STATEWIDE 1-888-891-8332 FAX (423) 854-5401

May 27, 2009

Mr. Jack Barnes  
Director of Schools  
Sullivan County Department of Education  
P.O. Box 306  
Blountville, TN 37617

RE: Compliance Evaluation Inspections/Notice of Violation  
NPDES Permit # TN0025151, TN0059641, TN0025135, TN0025178  
Sullivan County West Middle School, Central Heights Elementary School,  
East High School, and Akard Elementary School  
Sullivan County

Dear Mr. Barnes:

Personnel from this office conducted a Compliance Evaluation Inspection at the above referenced facilities on May 1, 2009.

Results of the inspections are provided below:

Operations:

The effluent appeared fairly clear at all four plants. Records indicate that there have been some violations with some of the permits for plant upsets from overuse of disinfectants in the cafeteria. This is a fairly common problem in school systems due to lack of education for cafeteria workers in using the prescribed amount of bleach or disinfectant. This results in extra operating costs for the school system, since the sewage plant has to be pumped out and hauled to a municipal wastewater plant, as well as permit violations and pollution to the receiving stream.

Maintenance:

All of the plants need painting. Akard Elementary plant is rusted beyond repair; however, it appears to still be providing adequate treatment. East High School plant blower #3 was inoperable. This needs to be repaired as soon as possible. Sullivan West Middle School plant had two pumps out in chlorine contact chamber that need to be repaired.

Safety:

The buildings storing the chlorine tablets and hypochlorite solution for disinfection of the wastewater must be vented properly in accordance with OSHA regulations. A vent with an

operating fan that can be turned on from the outside of the building must be installed before the building can be entered safely.

Laboratory:

The method of analysis for E. Coli is currently not an approved method under 40 C.F.R. Part 136. Hach Company has suspended this analysis method until further notice. Please use another approved method or outsource the analyses for E. Coli through an environmental laboratory. The laboratory at the Sullivan County Maintenance Department needs a controlled climate in order to maintain the incubator and drying ovens at the required temperatures. Upgrading the central heat and air ductwork, or supplying a window unit air conditioner for the hotter months, is required in order to run a valid test.

This is a violation of *The Tennessee Water Quality Control Act of 1977*. This letter will serve as a formal Notice of Violation and by copy will inform our Enforcement and Compliance Section of the violations.

Violations of the Act may subject you to civil penalties for each day the violation occurs or continues. In order to come into compliance with the *Act*, you must take the following actions:

Address all the above mentioned items and provide a schedule of implementation.

If you have any questions, please call me at 423/854-5453.

Sincerely,



Tina Robinson  
Division of Water Pollution Control  
Johnson City Environmental Field Office

TAR/15029147

CC: Enforcement and Compliance Section, Nashville



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	11	12	13	14	15
Remarks					
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Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/>	70 <input type="checkbox"/>	71 <input type="checkbox"/>	72 <input type="checkbox"/>	73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>	

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <i>East High School Bluff City, Sullivan County</i>	Entry Time/Date <i>0815 5/1/09</i>	Permit Effective Date <i>4/1/08</i>
	Exit Time/Date <i>1400 5/1/09</i>	Permit Expiration Date <i>6/30/12</i>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <i>David Tester Lab Tech (423) 354-1160 (423) 354-1166</i>	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official/Title/Phone and Fax Number <i>Mr. Jack Barnes Director of Schools Sullivan Co. Dept. of P.O. Box 306 Blountville, TN 37617 Education</i>	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>See Attached Letter</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
<i>Tina Robinson Tina Robinson</i>	<i>TDEC/WPC/JCEFO 423-854-5453</i>	<i>5/1/09</i>
<i>James Warren James Warren</i>	<i>TDEC/WPC/JCEFO 423-854-5446</i>	<i>5-1-09</i>
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
<i>Jeffrey K. Horton</i>	<i>TDEC/WPC</i>	<i>6-8-09</i>



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
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Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved	
67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/>	70 <input type="checkbox"/>	71 <input type="checkbox"/>	72 <input type="checkbox"/>	73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>	

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <i>AKard Elementary School</i> <i>Bristol, Sullivan County, Tennessee</i>	Entry Time/Date <i>5/1/09</i> <i>0815</i>	Permit Effective Date <i>April 1, 2008</i>
	Exit Time/Date <i>1400 5/1/09</i>	Permit Expiration Date <i>November 30, 2012</i>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <i>David Tester</i> <i>Lab Tech</i> <i>(423) 354-1160</i> <i>(423) 354-1166</i>	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official/Title/Phone and Fax Number <i>Mr. Jack Barnes</i> <i>Director of Schools Sullivan Co. Dept. of Educ.</i> <i>P.O. Box 306</i> <i>Blountville, TN 37617</i> <i>Tel. 354-1100</i>	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>See Attached Letter</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
<i>Tina Robinson</i> <i>Tina Robinson</i>	<i>854-540 (Fax)</i> <i>TDEC/WPC/JCEFO 423 854 5453</i>	<i>5/1/09</i>
<i>James Warren</i> <i>James Warren</i>	<i>TDEC/WPC/JCEFO 423-854-5446</i>	<i>5/1/09</i>
Signature of Management Q A Reviewer <i>Jeffrey B. Horton</i>	Agency/Office/Phone and Fax Numbers <i>TDEC/WPC</i>	Date <i>6-8-09</i>



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Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
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Remarks					
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### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date	Permit Effective Date
Central Heights Elementary School Blountville, Sullivan County	0815 5/1/09	1/1/04
	Exit Time/Date	Permit Expiration Date
	1400 5/1/09	11/26/08
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
David Tester Lab Technician (423) 354-1160 (423) 354-1166 (Fax)		
Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Jack Barnes P.O. Box 306 Blountville, TN 37617 (423) 354-1000		

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
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### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	See Attached Letter
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Tina Robinson	TDEC/WPC/JCEFO 423-854-5446 (fax) 423-854-5453 (phone)	5/1/09
James Warren	TDEC/WPC/JCEFO 423-854-5446	5/1/09
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
	TDEC/WPC	6-8-09



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
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### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <i>Sullivan West Middle School Kingsport, Sullivan Co., Tennessee</i>	Entry Time/Date <i>8:45 5/1/09</i>	Permit Effective Date <i>June 30, 2008</i>
	Exit Time/Date <i>1400 5/1/09</i>	Permit Expiration Date <i>June 30, 2013</i>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <i>David Tester Lab Tech. (423) 354-1160 (423) 354-1166</i>	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Name, Address of Responsible Official/Title/Phone and Fax Number <i>Mr. <del>Clayton</del> <del>Harwood</del> JACK BARNES Director of Schools Sullivan Co. Dept Educ P.O. Box 306 Abingdon, TN 37617</i>	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

*See Attached Letter*

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
<i>Tina Robinson Tina Robinson</i>	<i>TDEC/WPC/JCEFO 423-854-5453 (fax) 423-854-5446</i>	<i>5/1/09</i>
<i>James Warren James Warren</i>	<i>TDEC/WPC/JCEFO 423-854-5446</i>	<i>5/1/09</i>
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date
<i>Jeffrey B. Harkin</i>	<i>TDEC/WPC</i>	<i>6-8-09</i>